## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/599,816

| CLAIMS AS FILED - PART I                                      |                                                |                                                 |                                                                         |                                |                                           |                           |   | SMALL ENTITY       |                        |        | OTHER THAN                 |                        |  |
|---------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|-------------------------------------------|---------------------------|---|--------------------|------------------------|--------|----------------------------|------------------------|--|
|                                                               |                                                |                                                 | (Colum                                                                  | nn 1)                          | (C                                        | olumn 2)                  |   | TYPE               | V                      | OR     | SMALL EI                   | NTITY                  |  |
| U.S. NATIONAL STAGE FEES                                      |                                                |                                                 |                                                                         |                                |                                           |                           |   | RATE               | FEE                    |        | RATE                       | FEE                    |  |
| BASI                                                          | CFEE                                           |                                                 | SMALL EN                                                                | T. = \$ 150                    | LARGE ENT. = \$ 300                       |                           |   | BASIC FEE          | 150                    | OR     | BASIC FEE                  |                        |  |
| EXAN                                                          | INATION FEE                                    |                                                 | Satisfies PCT                                                           |                                | All other situations = \$ 100 / \$ 200    |                           | 1 | EXAM. FEE          | 100                    |        | EXAM. FEE                  |                        |  |
| SEAF                                                          | RCH FEE                                        |                                                 | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                | ALL other situations =<br>\$ 250 / \$ 500 |                           | 1 | SEARCH FEE         | 200                    |        | SEARCH FEE                 |                        |  |
| FEE FOR EXTRA SPEC. PGS.                                      |                                                |                                                 | minus 100 =                                                             |                                | / 50 =                                    |                           |   | X \$ 125 =         |                        |        | X \$ 250 =                 |                        |  |
| TOTA                                                          | L CHARGEABI                                    | LE CLAIMS                                       | 5 m                                                                     | ninus 20 =                     | *                                         |                           |   | X \$ 25 =          |                        | OR     | X \$ 50 =                  |                        |  |
| INDE                                                          | PENDENT CLA                                    | IMS                                             |                                                                         | minus 3 =                      | *                                         |                           | 1 | X \$ 100 =         |                        | OR     | X \$ 200 =                 |                        |  |
| MULT                                                          | TIPLE DEPEND                                   | ENT CLAIM PRE                                   | SENT                                                                    | SENT                           |                                           |                           |   | + \$ 180 =         |                        | OR     | + \$ 360 =                 |                        |  |
| * If t                                                        | he difference                                  | in column 1 is l                                | ess than ze                                                             | ro, enter "                    | 0" in co                                  | lumn 2                    |   | TOTAL              | 450                    | OR     | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |                                                |                                                 |                                                                         |                                |                                           |                           |   | SMALL ENTITY       |                        | OR     | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A                                                   |                                                | CLAIMS REMAINING AFTER AMENDMENT                |                                                                         | HIGH<br>NUM<br>PREVI           | HEST<br>MBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA          |   | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                               | Total                                          | *                                               | Minus                                                                   | **                             |                                           | =                         | 7 | X \$ 25 =          |                        | OR     | X \$ 50 =                  |                        |  |
|                                                               | Independent                                    | *                                               | Minus                                                                   | ***                            |                                           | =                         |   | X \$ 100 =         |                        | OR     | X \$ 200 =                 |                        |  |
|                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |                                                 |                                                                         |                                |                                           |                           |   | + \$ 180 =         |                        | OR     | + \$ 360 =                 |                        |  |
|                                                               |                                                |                                                 |                                                                         |                                |                                           |                           |   | TOTAL ADDIT<br>FEE |                        | OR     | TOTAL ADDIT.<br>FEE        |                        |  |
|                                                               |                                                |                                                 |                                                                         | (Cal-                          | 2)                                        | (Column 3)                |   |                    |                        |        |                            |                        |  |
| AMENDMENT B                                                   |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                                                         | HIG<br>NUI<br>PREV             | IMN 2) HEST MBER HOUSLY D FOR             | PRESENT<br>EXTRA          |   | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                               | Total                                          | *                                               | Minus                                                                   | **                             |                                           | =                         | 1 | X \$ 25 =          |                        | OR     | X \$ 50 =                  |                        |  |
|                                                               | Independent                                    | *                                               | Minus                                                                   | ***                            |                                           | =                         |   | X \$ 100 =         |                        | OR     | X \$ 200 =                 |                        |  |
|                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                                         |                                |                                           |                           |   | + \$ 180 =         |                        | OR     | + \$ 360 =                 |                        |  |
| -                                                             |                                                |                                                 |                                                                         |                                |                                           |                           |   | TOTAL ADDIT        |                        | OR     | TOTAL ADDIT.               |                        |  |
| *                                                             | If the entry in col                            | lumn 1 is less than t<br>lumber Previously P    | he entry in colu<br>aid For" IN THI                                     | mn 2, write "0<br>S SPACE is I | )" in colun<br>ess than '                 | nn 3.<br>20', enter "20". |   | Barbara Can        | npbell, PCT            | Nation | al Stage Divisio           | on                     |  |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.